

Obstetrical & Gynecological Tip Sheet for ICD-10



Diagnosis Documentation Requirements

Abdominal Pain	Document specific location: - RUQ - LUQ - RLQ - LLQ - Periumbilic - Epigastric - Generalized	Document: - Acute abdominal pain - Abdominal tenderness - Rebound abdominal pain	
Anemia	Document Type: - Nutritional deficiency (iron, Vit B12, foliate, protein, etc.) - Hemolytic (enzyme disorder, thalassemia, etc.) - Sickle cell (with or without crisis) with acute chest syndrome or splenic sequestration, etc.) - Blood loss (acute, chronic, postoperative)	Document cause: - Neoplastic disease - Chronic kidney disease Document underlying cause if known: - Postoperative anemia due to acute blood loss	Document any alcohol or drug use, abuse, dependence or past history Specify name of medication or drug with purpose of its use
Anxiety	Document: - Generalized anxiety - Mixed anxiety - Panic w/o agoraphobia		
Back Pain	Document specific site: - Low back - Thoracic - Cervical Document the underlying cause: - Herniated disc - Radiculopathy - Fracture	Specify site of panniculitis or radiculopathy: - Thoracolumbar - Lumbar - Lumbosacral - Sacral and sacrococcygeal	Specify site of panniculitis or radiculopathy: - Occipito-atlanto-axial - Cervical - Cervicothoracic - Thoracic - Multiple sites
Diabetes Mellitus	Document: - Type I or Type II - Long-term insulin use for Type II Document any cause/effect relationship between diabetes and other conditions (e.g. PVD, Ulcer, Neuropathy, etc.)	Document: insulin underdosing or overdosing related to insulin pump malfunction Document any underlying condition, drug or chemical responsible for Secondary Diabetes (e.g., steroid induced)	Differentiate: - Diabetes accompanied by hypoglycemia OR hyperglycemia Document: - Hypoglycemia with OR without coma
Drug Underdosing	Document Type: - Intentional versus - Unintentional	Document reason for underdosing, such as: - Financial hardship Or - Age related dementia	
Dysmenorrhea	Specify: - Primary - Secondary		
Dysuria	Document any associated conditions: - Urinary incontinence - Overactive bladder	Specify urinary symptoms associated with benign prostatic hyperplasia (BPH) - Nocturia - Hesitancy - Retention - Weak stream	Identify signs and symptoms that are not routinely associated with or integral to a disease process

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Examination	Differentiate: - Adult annual exam w/o abnormal findings - Adult annual w/ abnormal findings - Exam of blood pressure w/o abnormal findings - Exam of blood pressure w/ abnormal findings	Differentiate: - Pre-employment exam - Admission to school exam - Participation in sport	Differentiate: - Routine gynecological exam w/o abnormal findings - Routine gynecological exam w/ abnormal findings
False Labor	Document timing: - Before 37 weeks - At or after 37 weeks	Document trimesters	
Fibroids/Leiomyoma	Document specific site: - Submucous - Intramural - Subserosal		
Gestational Diabetes	Document: - Pre-existing Type I - Pre-existing Type II - Diet controlled Gestational Diabetes - Insulin controlled Gestational Diabetes	Delineate if only abnormal glucose tolerance test without diagnosis of diabetes	
Gestational Hypertension Versus Gestational Edema and Proteinuria without Hypertension	Document gestational edema and proteinuria with and without gestational hypertension - Findings of edema and proteinuria explain increase in number of office visits and complexity of patient you are treating		
Incidental Pregnant State versus Complication of Pregnancy	If a condition or injury being treated in a pregnant patient is not affecting or complicating the pregnancy, it is the physician's responsibility to state this, otherwise a code is assigned that states obstetric complication.	Example: Pregnant patient with burn of hand: - If physician states the burn does not affect or complicate the pregnancy, code Z33.1, Pregnant state, incidental, is assigned along with a code for the burn.	If the physician does not state the burn does not affect or complicate the pregnancy: - A code for an obstetrical complication is assigned
Infections of the Genitourinary Tract	Document site: - Bladder - Kidney - Cervix	Document organism, when known: - Bladder infection due to E. coli	
Leukocytosis	Document type: - Lymphocytosis - Monocytosis - Plasmacytosis	Document type: - Basophilia - Leukemoid reaction	Document Type: -Bandemia -Other
Major Depressive Disorder	Document episode: - Single - Recurrent	Document severity: - Mild - Moderate - Severe w/o psychotic symptoms - Severe w/psychotic symptoms	Indicate status: -Full remission -Partial remission
Malnutrition	Document Type, such as: - Protein calorie - Protein energy	Document severity: - Mild or 1 st degree - Moderate or 2 nd degree - Severe or 3 rd degree	Document BMI

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Menstrual Bleeding	Specify: - Primary/Secondary amenorrhea - Primary/Secondary oligomenorrhea	Specify: - Menorrhagia - Menometrorrhagia/ Menorrhagia - Excessive at puberty - Excessive premenopausal	Specify: - Irregular menstruation - Intermenstrual (ovulatory) - Post-menopausal
Multiple Gestation	Document, for twins: - monochorionic/ monoamniotic - Monochorionic/diamniotic - Dichorionic/diamniotic Or - Unable to determine number of placenta and number of amniotic sacs	Document, for triplets, quadruplets and other: - With two or more monochorionic fetuses - With two or more monoamniotic fetuses Or - Unable to determine number of placenta and number of amniotic sacs	
Neoplasms	Document site and laterality, such as: - Ectocervix - Left ovary	Differentiate between: - Primary - Secondary (metastatic) site	For secondary sites: Document primary site and if it is still present
Obesity	Document etiology: - Due to excess calories or nutritional - Due to drugs - Other, for example, due to thyroid or pituitary disorder	If morbidly obese, also document if with alveolar hypoventilation	Document BMI
Obstructed Labor	Document malposition or malpresentation, such as: - Incomplete rotation of head - Breech, face, brow, shoulder, or compound presentation - Other, such as footling or incomplete breech presentation	Document maternal pelvic abnormality, such as: - Deformed - Contraction - General contracted, pelvic inlet, pelvic outlet, mid-cavity - Abnormality of pelvic organ, e.g., congenital malformation of uterus or cervical incompetence	Document other cause, such as: - Shoulder dystocia - Unusually large fetus
Osteoporosis	Indicate the presence of current pathological fractures Identify the current fracture site	Document encounter type: - Initial - Subsequent - Sequela Document any major osseous defect	Document healing status: - Routine - Delayed - Nonunion - Malunion
Pre-eclampsia	Document severity: - Mild - Moderate Or - Severe		
Pre-existing versus Pregnancy Induced Conditions	Document whether a condition is pre-existing or pregnancy induced: - Hypertension - Diabetes		
Pregnancy	All OB records must include pregnancy as stated in weeks AND trimester: - <14 weeks 0 days = First Trimester - 14.1 weeks to 28 weeks = Second trimester - 28.1 weeks until delivery = Third trimester	Document visit type: - Supervision normal pregnancy - Supervision of high risk pregnancy	Document reason for high risk pregnancy (i.e. h/o infertility, h/o ectopic, insufficient prenatal care, etc.)

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Tobacco Use Disorder	Document type: - Cigarettes - Chewing tobacco - Other Delineate between: - Tobacco use/abuse - Tobacco dependence	Document state of dependence: - In remission - With withdrawal - Without withdrawal	Document if used during pregnancy, childbirth, and puerperium Describe history, including product and time
Urinary Tract Infection (UTI)	Document Site: - Bladder - Urethra - Kidney	Document if UTI is related to a device, such as: - Foley Catheter - Cystostomy tube Document: Causative organism, if known	Do NOT use the term UROSEPSIS (consider UTI with Sepsis)
Vaginitis	Delineate: - Acute vaginitis (Bacterial vaginosis) - Subacute and chronic vaginitis - Acute vulvitis - Subacute and chronic vulvitis - Ulceration of vagina - Ulceration of vulva	Document causative agent: - Candidiasis of vulva and vagina - Trichomonal vulvovaginitis - Streptococcus Group A - Streptococcus Group B - Enterococcus - Staphylococcus Methicillin susceptible - Staphylococcus Methicillin resistant	
Procedures	Documentation requirements		
C-Section	Document type: - Classical - Extraperitoneal - Low cervical		
Manual Assisted Delivery	Document any accompanying procedures: - AROM - Episiotomy - Evacuation of hematoma - Induction of labor - Ob laceration repair		
Medical Induction of Labor	Document: - Pitocin - Artificial rupture of membranes - Dilatation of cervix		
Repair OB Laceration	Document site of repair: - Anal or rectal mucosa - Bladder or urethra - Cervix - Perineal - Uterus - Vaginal wall - Vulva	Document degree of laceration: - 1st - 2nd - 3rd - 4th	Document laterality: - Right - Left - Bilateral
Total Abdominal Hysterectomy	Document approach: - Open - Percutaneous - Percutaneous endoscopic	Document any additional resection done: - Fallopian tubes - Ovary - Pelvic lymph nodes	
Vacuum Extraction	Document purpose: - Delivery - Ectopic - Retained	Document approach: - Open (cesarean section) - Via natural or artificial opening	